

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101512737

FILING DATE

APPLICANT(S)

6-16-05

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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24						
25	1					
26		1				
27		1				
28		1				
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41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL IND.		1				
TOTAL DEP.		22				
TOTAL CLAIMS		23				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		1				
TOTAL DEP.		22				
TOTAL CLAIMS		23				